IODINATED CM	NON IODINATED CM
- loxaglate	ISO OSMOLAR - Iodixanol (visipaque)
SODIUM MEGLUMINE	

3 TYPES
 	
`OIL BASED IODINATED CM`
 	
`WATER SOLUBLE CM`
 	
2 types
 	
1. MONOMERIC
1.1 Ionic: oral cholegraphy/ urography/ Angiography (HOCM)
1.2: Non ionc Uro/ Angio: LOCM
 	
2. DIMERIC
2. 1 Ionic: IV cholegraphy
2.2 Non Ionic: LOCM
 	
`WATER INSOLUBLE CM`
	ADVANTAGE
	1. Reduced tonicity
	- decreased human side effects + discomforts
	- reduced vasodilation and heat+ flashing sensations
	
	2. MYELOGRAPHY
	- lower neurotoxicity
	- clinical application usage
	
	3. CHEMICAL TOXICITY
	- less tendency toc ross cell membrance
	
	4. DECREASED HYPERSENSITIVITY REACTIOONS
	- decreased fatal reaction (1/ 80k)

ADVERSE EFFECT Mild and self limited 2 TYPES 1. IDIOSYNCRATIC - BEGIN: within 20 mins - Post: severe reaction < 1 mL of ICM AKA: anaphylactic reactions 3 classiifcation: 1. MILD 2. MODERATE	

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	- CPR
MEDICAL HISTORY	INCREASED RISK - Age - allergies/ asthma DIABETIS: insulin prior procedure CAD: increase cardiac risk INCREASED RENAL FAILURE - RENAL DISEASE: creatine <1.4 mg/dl : increase renal failure - MULTIPLE MYELOMA SICKLE CEL ANEMIA: increased blood clot
LAB SERUM/ CREATININE	IF NOT AVAILABLE risk factors: - age over 60 yo - kidney disease - family hx of kidney failure - diabetes treated w/ insulin / other prescribed drugs 3 months ELEVATED CREATININE - hydration - decrease total CM administered - increase amount of time between CE studies - infuse Sodium bicarbonate solution - discontinue other nephrotoxic drugs - acethylcysteine
NEPHROTOXICITY PREVENTION	- Creatinine Requirements - > 50 y/o: 30 days creatinine - <50 y/o (no creatinine needed) unless: - renal medical condition

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